



ASSESSING AND RESPONDING TO SUICIDAL INTENT: A FACT SHEET FOR PROVIDERS

In the aftermath of Hurricane Katrina some survivors may begin to feel hopeless. Exposure to neglect, violence, homelessness, abuse or poverty may make people who are already susceptible to depression all the more vulnerable to the illness. The loss, stress, displacement, and instability experienced as a result of hurricane Katrina could worsen or trigger suicidal ideation and depressive symptoms in survivors. During this critical time, it is important to assess survivors for suicidal ideation and intent.

ASSESSMENT

It is important to assess:

- Suicidal (or homicidal) ideation
- The lethality of any plan for how they would harm themselves or others
- Any history of previous attempts
- Medical/psychiatric co-morbidities.

Assessment of dangerousness can include questions such as:

- Have you had any concerns about possibly harming yourself because life doesn't seem worth living right now?
- Have you ever thought about acting on these feelings?
- Are there times when you are afraid that you will act on these feelings?
- Have you ever tried to act on feelings like this in the past?
- Do you have a plan for how you would harm yourself or someone?
- Do you have access to weapons?

WHAT CAN YOU DO?

Provide assurance that such feelings are not uncommon when individuals feel overwhelmed with the loss that may follow a natural disaster. Provide people with some hope or assurance that things are gradually going to get better each day and that it is very common to be distressed and feel hopeless after a disaster of this magnitude. You may want to give clients the fact sheet called Reactions to a Major Disaster: A Fact Sheet for Survivors and Their Families.

It is important that people have a reason to live. Try to help the patient identify reasons for living, such as a family member who they are still trying to find or worried about, family or friends who love or rely on them, a religious belief that it is a sin to harm oneself, or even a simple thing. It is better if this is identified by the patient.

If a person acknowledges suicidal ideation and a plan, it will be important to reassure him or her that you want to work with them to help keep them safe. If they have a plan that involves a weapon, ask him or her if there is someone who they can give the weapon to until they feel safe.

If the person will contract to stay safe:

- Identify 2 or 3 individuals that the person has daily contact with who can help provide them support and help keep them safe.
- Have the client verbally contract that they will contact this person if he or she has suicidal thoughts and feels in danger of acting on them. Advise them to try to contact you or another provider if possible.
- If mental health services are available, please try to refer the patient immediately.

If the person will not contract to stay safe:

- Under normal circumstances, if a client has a plan AND a means to carry out that plan AND they will not contract for safety they are usually seen at an emergency room and may be hospitalized. This can be accomplished by having someone take the person to an emergency room or by calling 911.
- If no medical help is available you may want to have the person remain with you wherever you have been evaluating them.
- If no emergency room is available and you do not have the ability to keep the person safe with you, you may have to release the person to a friend or family member who will need to watch them

RESOURCES

If you think someone you know may be feeling suicidal, you should directly ask them. You will NOT be putting the idea in their head. If anyone you know has a plan to hurt themselves and the means to do it, and cannot make a contract with you to stay safe, try to get them to a counselor or call 911 immediately.

For more information contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or <http://www.suicidepreventionlifeline.org/>